
**EMERGENCY PROFESSIONAL HEALTH TRAINING ACT
OF 1951**

FEBRUARY 15 (legislative day, JANUARY 29), 1951.—Ordered to be printed

Mr. MURRAY (for Mr. PASTORE), from the Committee on Labor and Public Welfare, submitted the following

R E P O R T

[To accompany S. 337]

The Committee on Labor and Public Welfare, to whom was referred the bill (S. 337) to amend the Public Health Service Act and the Vocational Education Act of 1946 to provide an emergency 5-year program of grants and scholarships for education in the fields of medicine, osteopathy, dentistry, dental hygiene, public health, and nursing professions, and for other purposes, having considered the same, report favorably thereon with an amendment and recommend that the bill as amended do pass.

The amendment strikes out all after the enacting clause and substitutes new matter. The changes are explained in part III of the report.

I. INTRODUCTION

With a few exceptions, to be noted later, S. 337 as introduced and referred to your committee was identical with the bill S. 1453, reported unanimously by the Committee on Labor and Public Welfare and passed by the Senate in the last Congress. Public hearings were held by the Subcommittee on Health in the summer of 1949 and thereafter additional information and technical advice was obtained by the staff of the subcommittee in a series of informal discussion meetings with representatives of the professions and educational institutions and other experts. On the basis of the data presented and the expert opinion thus made available to it, subcommittee recommendations were worked out in the form of amendments to S. 1453. The amended bill was reported favorably by the full committee on August 3, 1949 (Rept. No. 834, 81st Cong., 1st sess.), and passed by the Senate without further amendment on September 23, 1949. It proposed a 5-year emergency program of financial assistance to institutions and students

with provision for concurrent studies and surveys by a National Council on Education for the Health Professions to provide a basis for legislative revision of the program before the end of that period. This proposal was reintroduced in this Congress as S. 337, with changes in the operative dates, an increase in the maximum for total payments to any one institution for costs of instruction, and an increased authorization for appropriations for grants for construction and equipment. Some additional changes have been made by your committee and, as here reported, S. 337 presents a program which in the committee's considered judgment offers a practicable short-range emergency solution of an immediate and urgent problem.

In its report on the predecessor bill (S. 1453, 81st Cong., 1st sess.) the committee discussed at length and in considerable detail the serious personnel shortages in the health professions, the necessity of and possibilities for expansion of enrollment in the professional health fields, the financing problems involved for the institutions, the propriety of a Federal program for their financial assistance, and the special problems to which the committee found it necessary to give particular attention. This discussion is equally relevant and important now as the background against which this bill (S. 337) must be considered. There has been no substantial change in the problem except for the increasing urgency of legislative action. Accordingly the relevant portions (pts. II and IV) of Senate Report No. 834, Eighty-first Congress, first session, are reprinted here.

II. NEED FOR FEDERAL LEGISLATION

The problem in the field of education for the health professions which now confronts the Nation is twofold. It involves the development and application of measures which will assure the maintenance of existing educational institutions in this field on such a basis as will permit them to turn out graduates at the customary rate. At the same time it requires new developments designed to expand enrollment in such institutions so as to meet currently unfilled demands for additional health personnel and to prevent even more serious future shortages.

Financial problems

The testimony presented to the committee indicates that the institutions which produce our highly skilled physicians, dentists, public health officers, nurses, and related workers in the field of health are confronted with financial problems so critical as to seriously threaten their ability to provide either the quality or the quantity of trained personnel essential to maintain the health of our people. So acute is this problem that some of these professional schools are in actual danger of closing down for lack of funds and almost all seem to need prompt financial aid to maintain their present programs without lowering the quality of instruction given.

While the costs of education in the health professions have risen, particularly in the specialized graduate fields, income from tuition fees has not increased comparably and other sources of income relied on in the past—gifts and endowments—have greatly diminished. Even State-supported institutions have felt the adverse effects of declining yield from endowments, while the needs of other programs have resulted in a highly competitive struggle for tax moneys. Such figures as are available show that tuition fees meet only a small share of the costs.

It is estimated that in medical schools the annual costs per student average \$2,200 as against an average of \$500 a year per student received in tuition fees. For dental schools, the estimated average annual costs per student are \$1,500 while annual tuition income averages \$450 per student. Schools of public health spend an average of \$4,500 per student per year and receive annually only about \$440 per student from tuition fees. The degree program schools of nursing spend about \$800 a year per student and receive an average annual amount of about \$200 per student from tuition. In basic diploma schools of nursing, instruction costs average about \$300 per student per year as compared with an income from tuition that amounts to an annual average of \$50 per student. No reliable estimates are

available for average costs of training and tuition payments for dental hygienists and practical nurses.

Many schools and universities are having to use up all emergency reserves and are dipping into capital to meet the operating costs of their medical, dental, public health, and nursing schools. The American Medical Association's Council on Medical Education and Hospitals ascertained from the medical schools, in an inquiry conducted in the summer of 1948, that these schools needed a minimum total of between \$10,000,000 and \$15,000,000 in additional funds to meet their operating costs for the fiscal year 1948-49.

Other schools face similar situations in trying to bridge the gap between costs of instruction and tuition income. Although States and local communities throughout the Nation have urgent need for more trained public health service personnel, the financial problem is particularly acute in our schools of public health where the average cost of instruction is nine or ten times the average income from tuition. Only two of the nine established schools of public health have any appreciable endowment; costs of instruction are high because of the small classes and highly individualized training. Recently an accredited school was closed because of lack of support and a few years earlier another school was closed for the same reason. Estimated operating deficits of the schools this year range from \$50,000 to \$290,000.

These financial difficulties are reflected in the more immediately limiting factors of curtailed teaching staff, space, or equipment. Without additional expenditures for faculty salaries, construction, or equipment, or for all three purposes, most schools could expand enrollment only at the expense of the quality of instruction.

The committee is convinced that no consequential increase in revenues can be expected from an increase in tuition fees. Moreover, higher financial cost to the student would tend to hold down enrollment. In some fields, tuition fees already operate as a definitely limiting factor, and the witnesses from the dental schools believed that a sharp decline in enrollment was to be expected when the present educational program for veterans comes to an end.

Personnel shortages in the health professions

Shortages in personnel exist in all the principal health professions. While opinions of witnesses differed somewhat on the absolute magnitude of these shortages, all agreed that efforts to maintain and expand the present enrollment in educational institutions are urgently needed to meet present demands and to prevent even more serious future shortages.

According to reliable estimates, the number of active professional health personnel in 1960 will fall seriously short of requirements in the various health fields under existing rates of graduation, retirement, and death. If ratios of health personnel to population are to reach reasonable standards of adequacy based on conservative estimates of the effective current demand for medical and health services, shortages in 1960 in some professions will be numbered in tens of thousands. These estimates take account of the existing and future needs for assuring adequate numbers of personnel in State and local health departments, for manning the local hospitals and health centers being constructed in every State of the Union under the Hill-Burton Act, for staffing veterans' hospitals, and for meeting needs of the Armed Forces and the Public Health Service for medical and allied personnel. On an extremely conservative basis, efforts must be made to forestall a 1960 deficit of at least 10,000 physicians, some 5,000 dentists, 100,000 professional nurses, 9,000 graduates of schools of public health, and 2,000 sanitary engineers (in addition to the public health engineers trained in schools of public health). Moreover, a very substantial increase in the number of dental hygienists and practical nurses seems to afford the only feasible solution to the acute current shortages—and even more serious anticipated deficits—in the dental and nursing fields, particularly if our objective is to make any inroads on the accumulated backlog of dental needs and even approach the need for practical nurses to furnish hospital and home care services.

These conservative estimates of shortages take no account of any increase in the effective demand for the services of private practitioners. Our expanding population and the increasing proportion of aged persons point to a sustained demand for more extensive services in the field of health. The present health manpower levels of the 12 best States are a practical indication of the numbers of trained health personnel needed for reasonably adequate levels of health services. If the Nation as a whole is to reach the level of these States by 1960 we shall have to overcome not the deficit set forth above but a still greater deficit of 42,000 physicians, 23,000 dentists, and 163,000 professional and practical nurses.

Possibilities for expanding enrollment in the professional health fields

A substantial increase in enrollment for all types of training is necessary if the deficits in health personnel indicated by even the lower estimates are to be cut down. At current rates, approximately 5,700 physicians are graduated annually; an increase of 8 percent a year for 7 years in freshman enrollment will be necessary to meet the lower estimate of the 1960 demand. Only about 2,700 dentists can be expected to be graduated each year under present conditions even with recent increases in enrollment; the number will have to be stepped up 7 percent a year to meet the deficit indicated for 1960. The number of graduates from schools of public health has increased from 119 in 1930 to 444 in 1948, but the estimated need for health service personnel means that annual enrollment in schools of public health should be increased by three or four times to graduate approximately 1,800 a year by 1960. The number of graduate sanitary engineers must be doubled. In the field of nursing, total enrollments have decreased from a war peak of nearly 130,000 to less than 90,000 despite vigorous recruiting efforts. To meet estimated needs for minimum nursing services of all kinds it would require annual average admissions for the next 10 years approximately as follows: 50,000 students for hospital schools of nursing; 8,000 students for university schools of nursing; 10,000 students for advanced study; 15,000 students for practical nurse courses.

There are no reliable estimates of the number of dental hygienists needed; like the practical nurses, they constitute a valuable supporting service and require brief and relatively inexpensive training. Of the 17 schools now training dental hygienists, 11 are associated with and partly staffed by dental schools, and the annual number graduated is approximately 450.

The factors which limit possibilities for expansion differ with individual institutions and with the type of school, but a basic difficulty for almost all institutions in all categories is their unstable financial position for even their current student load. Obviously there will be no significant expansion when every additional student means an increased deficit or greater inroads on capital.

Propriety of Federal assistance

The committee is of the opinion that Federal financial assistance is peculiarly appropriate in the field of education for the health professions. The national interest in the health of the public is well established and has found concrete expression in many important Federal and Federal-State programs. Lack of trained health personnel everywhere presents an obstacle to their greater effectiveness. Important extensions and improvements of the programs in this field are under consideration which would put an even greater strain on our health personnel. To serve the country's needs for training in these fields there are 79 medical schools, 41 dental schools, 17 schools offering training for dental hygienists, 1,215 State-licensed schools for professional nurses, 71 schools of practical nursing, 9 schools or departments of public health, and about 20 schools offering graduate degrees in sanitary engineering. From the limited number of schools in most of these fields and from their geographical distribution it is apparent that none of them performs a strictly local training function. They must each help to meet a regional, if not a Nation-wide, need for competent personnel for practice, for public service, for research, and for teaching. They must also provide the required training opportunities for students from all sections of the country. We cannot expect State and local effort to meet these broader responsibilities unaided.

A beginning must be made now. Many years of instruction and training are required to produce a qualified practitioner. It takes time to build facilities to increase training capacity.

IV. SPECIAL PROBLEMS CONSIDERED BY THE COMMITTEE

The committee found it necessary to give particular attention to a number of problems which because of their importance and complexity should be given special mention in this report. As a preliminary to the consideration of more specific problems the committee agreed upon a number of broad basic principles or policies to which it has adhered in resolving particular questions. There was no substantial difference of opinion among members of the committee or witnesses on these major principles and conclusions upon which the basic policies of the bill are predicated.

Five-year program

Although there are acute shortages in a number of the professional health fields (and financial emergencies in many of the institutions training for the health professions) which warrant immediate action, there is not now available

adequate information upon which to construct a sound long-range program for financial assistance by the Federal Government. The committee therefore has limited the bill to a temporary program—for a 5-year period—which will relieve the present critical situation and allow time for the study and investigation necessary for the development of a program of greater duration. The bill also includes specific provisions for making such a study.

Local support and responsibility

The committee endorses the principle of local support and responsibility for educational institutions. Each institution should remain free to develop its own educational pattern in accordance with its own concept of its historical destiny, its own philosophy of education, and the educational needs of the region within which it operates. The committee feels that continuation of financial support from local sources, including nongovernmental contributions, is of the highest importance for both public and private institutions in the preservation of their institutional freedom and initiative and should not be jeopardized by the Federal contribution. It should supplement and not replace other normal institutional resources.

The committee recognized that some schools have been forced in recent years to make inroads on capital, and that others, particularly dental schools, have been forced to rely upon clinic earnings to an extent which has been damaging to the quality of their instruction. It agreed that a continuance of such practices was not desired. The committee also recognized that much of the past support of educational institutions has come from private gifts and endowments, continuance of which depends on factors not within the control of the schools. There was general agreement, however, on the principle of Federal supplementation rather than replacement of funds from other sources. The preamble of the bill carries an express statement of this principle, which is spelled out in greater detail in section 374 (a) (2). The committee is of the opinion that these statements, taken in conjunction with the ceilings established for total payments and the ratios on which the specified amounts are based, should be sufficient to prevent withdrawal of support from these customary sources.

Maintenance of quality and accreditation of schools

While alleviation of the recognized shortages of manpower in the health professions is an ultimate objective of legislation in this field, that objective necessarily implies training of adequate quality, and the committee recognizes that maintenance of the quality of instruction is of primary importance at all stages of the program. Grants are therefore limited to accredited schools.¹ The committee believes that the professions themselves should remain the principal guarantors and protectors of the quality of instruction. The bill therefore provides for the accreditation of schools by recognized accrediting bodies approved by the Surgeon General after advice and recommendation by the Council. Such bodies are already well established in all the health professions except nursing, where several recognized accrediting bodies have recently been consolidated. This provision permits sufficient flexibility in the administration of the accrediting procedures to take care of possible future rivalry between professional groups. At the same time it safeguards professional and academic control of instruction.

Grants for costs of instruction

While we must look to the projected survey for precise and accurate data on costs and the financial position of the schools, it was clear from the testimony at the hearings and from later discussions by the committee staff with the experts assisting them that most schools require financial assistance to maintain present enrollment. The estimates on cost and income have been reviewed in an earlier section of this report. In brief, they demonstrate that most schools currently operate under sizable deficits.

There was general agreement among the witnesses, both at the hearings and the discussions with the committee staff, that there should be a basic Federal grant per enrolled student, with an additional payment for students representing an increase over past average enrollment. The bill follows this fundamental formula.

Although it was clearly understood that any figures established for grants during the first 5 years of the program would be more or less arbitrary in the sense that they were not supported by adequate cost studies, much attention

¹ In S. 337, as herein reported, alternative methods of approval of schools have been included for diploma schools of nursing and schools of practical nursing. See discussion of the new sec. 372 (e) of the Public Health Service Act below under pt. III.

was devoted to the necessity for arriving at amounts which would not impair the incentive to local support. It was concluded that while the basic grant needed to be large enough to take care of the present emergency situation it should not exceed a given percentage of the school budget. Therefore, the following working ratios were adopted: The basic grant to be approximately 25 percent of the average annual cost per student, the incentive grant to be twice that amount, and total payments not to exceed 40 percent of the school's annual operating budget excluding costs of hospital operation, special training projects, and research projects.

The basic grants are intended to help overcome most of the existing deficits, though there is some doubt, particularly in the public health field, whether they are high enough to accomplish this objective. A 50 percent ceiling on total Federal aid toward costs of instruction was suggested for simplicity of administration and computation and because the basic grant would, it was thought, amount to less than half of the average cost of instruction even in the poorer schools. Another recommendation was for a 30 percent ceiling, but that figure was discarded after thorough discussion of its adverse effect on poorer schools. The committee, after considerable discussion, agreed to place the ceiling at 40 percent of the costs of instruction, pending subsequent recommendations of the National Council on Education for Health Professions, based on its comprehensive studies of the financial condition of schools.²

In providing for new schools, where no past average enrollment would be available as a basis for the computation of the grant for increased enrollment, the committee concluded that all classes in new schools—since these represent a net increase in over-all training capacity—should be treated as increased enrollment. Similarly, 2-year schools which became 4-year schools during this period would be treated as if their third and fourth year classes represented increased enrollment.

The committee recognizes that sanitary engineers are important members of the public health team, and considerable evidence was received indicating a shortage of sanitary engineers and the need to stimulate the training of additional workers in this essential area. It was decided, however, not to include schools offering sanitary engineering at this time because of the difficulty of segregating the curriculum and cost of training sanitary engineers and because the present bill includes schools of public health, which give advanced training to public-health engineers. Although by this means these shortages may be partially alleviated, the National Council on Education for Health Professions should include a careful evaluation of this problem in its report to Congress provided for in section 3. The committee also agreed that graduates of accredited schools of optometry might play a role in relieving physician shortages and that this question should also be investigated by the Council.

Practical-nurse training

In considering a program for the assistance of practical-nurse training the committee was faced with a situation of considerable complexity. Practical-nurse training is now being carried on by some State boards of vocational education as a part of the trades and industry training program, with some Federal financial assistance under existing legislation authorizing grants to States for vocational education. A supply of trained practical nurses is needed to supplement the activities of professional nurses. Trained practical nurses supplement and thereby extend the services of graduate nurses in general hospitals; in larger proportion trained practical nurses supplement and thereby extend the services of professional nurses to those patients with long-term illnesses and to convalescents. Trained practical nurses are also needed to care for patients who, although not seriously ill, require care at home. In cases requiring long-continued care at home or in an infirmary, the availability of practical-nurse service can mean the difference between going without care or straining a family budget to the breaking point.

The numbers of professional nurses needed depends on the availability of trained practical nurses. To attempt to meet the country's entire need for nurses through training only professional nurses would require a much larger number of professional nurses and would entail more expense in paying for their services and in paying the costs of their training. The plan to combine the facilities of vocational high schools with the clinical facilities in hospitals for training purposes uses to advantage established patterns of education. This Federal-aid program is administered by the Office of Education, Federal Security Agency. Many people familiar with nursing education problems believe that vocational education courses

² S. 337, as herein reported, adopts the 50 percent ceiling. See discussion of the new sec. 372 (b) of the Public Health Service Act below under pt. III.

of less than college grade are the most effective means of providing this type of training. But, in a number of States, practical-nurse training receives insufficient emphasis and financial support as a part of the general vocational education program. The committee concluded that a separate program with a separate appropriation, specific plan requirements and matching provisions, and authority to use Federal grant money for a broader category of program costs, would be necessary in order to strengthen State programs for practical-nurse training.

At the same time there also exists a somewhat parallel pattern of practical-nurse training schools conducted by some hospitals and private institutions which would not be eligible for aid under the Federal-State vocational education program. The committee concluded that a program limited to either kind of training institution would not utilize fully all facilities for the preparation of practical nurses. It therefore has included in this bill, along with the program of Federal financial assistance to strengthen State programs for practical-nurse training which would be developed under State boards of vocational education, provision for Federal grants to training institutions for costs of instruction for practical-nurse training similar to the grants for the professional health education and diploma-nurse training.

Grants for construction

While the operation grants for costs of instruction would be available for maintenance and operation of facilities, including the acquisition of equipment, there was much testimony that the construction needs of many schools were very great—both for replacement and for new building. Particularly in the case of dental schools, it was urged that a number are in a position where a choice must be made between replacement of facilities or curtailment of enrollment. Some witnesses recommended that authorization of a construction program be postponed until after completion of the survey. However, the representatives of the educational institutions felt that, even though only rough estimates of total construction needs were now available, a start should be made at once at least for those schools whose needs are known. They pointed out the inevitable lapse of time between the availability of construction funds and getting students started and that with even a small appropriation some schools would be in a position to begin at once. Some of these schools were said to have detailed plans ready and some part of the necessary construction money now available.

The bill accordingly authorizes a program of construction grants to educational institutions in the health field—not in excess of 50 percent of the cost of any project—with priority for projects having the greatest value in alleviating shortages of personnel, as where construction is necessary to permit expansion of current enrollment or prevent imminent curtailment of present enrollment, and for projects in areas where facilities are either nonexistent or inadequate. Although the American Medical Association indicates that medical schools alone need \$197,000,000 for construction, the committee agreed on a total annual appropriation of \$5,000,000³ a year for 5 years for all schools. Admittedly this small sum will be inadequate, but it will give the Council a basis for experience with this form of aid while surveying the need for a long-range program. The grants would be available mainly for minor rehabilitation and would meet only half the costs of construction of facilities of simple functional design. If a school wants a more elaborate style of architecture for esthetic reasons or to harmonize with existing structures, it will have to meet from other funds the additional costs entailed.

The committee and the consulting witnesses are satisfied that the pattern of the grant authorized in this bill will establish a satisfactory working relationship between the institutions and the Federal Government on the basis of which construction can go forward as the need for it is demonstrated.

Grants for scholarships

The committee included in the bill a program for scholarship grants only after very careful consideration. Scholarships were felt to be immediately essential in only two fields, university and advanced training for nursing and public health. Testimony, particularly that of witnesses representing the dental profession and the dental schools, however, indicated that scholarships would be needed for recruitment purposes in other fields when education and training payments under the Servicemen's Readjustment Act fall off. It was therefore decided to include scholarships, to be awarded on the basis of ability and financial need, to applicants for education in all the health professions encompassed in this bill except in

³ S. 337, as herein reported, increases this amount to \$10,000,000. See discussion of the new sec. 373 (a) of the Public Health Service Act below under pt. III.

diploma-school nursing and practical nursing,⁴ though the committee agreed that they should be made available only in fields in which the number of qualified applicants is insufficient to fill enrollment capacity. The National Council on Education for Health Professions, in the 5-year period to which these provisions would apply, would be charged with the responsibility of studying the extent to which equal opportunity to gain an education in the health professions is afforded all qualified applicants.

In view of varying costs, both for maintenance and tuition, the committee has included no specific amounts in the bill, even as maximums for maintenance payments. Under the bill reported the question of whether the scholarships should be large enough to cover the entire needs of the student, would also be left for solution by the Surgeon General acting with the advice and recommendation of the Council. Awards are conditioned upon acceptance of the applicant by the school of his choice, and on his ability and financial need.

The committee unanimously agreed that financial need would be presumed when an employed person, as for example one working in a State or local health department, had to forego his salary while attending school.

The committee's decision to establish a Federal program for scholarships, rather than a program for grants to States, was based on the temporary character of the legislation proposed. It would be inadvisable to have the States establish machinery for administering a short-range program, which might be materially modified after the study and recommendations of the National Council on Education for Health Professions.

Advisory Council

The bill as reported provides for a National Council on Education for Health Professions. It would consist of the Surgeon General, and the Commissioner of Education or his representative, as nonvoting ex officio members, and 10 members—not otherwise in the full-time employment of the Federal Government—who would be appointed by the President. The 10 members would be leaders in the fields of health, sciences, education, and public affairs, and three of them must be active in professional health education.

The Council would have two functions: (1) to advise, consult with, and make recommendations to the Surgeon General on matters of general policy and administration, and (2) to report to Congress, by January 1, 1952, its recommendations for a long-range program of Federal aid based on its surveys of financial and related problems of education for the health professions.

Technical committees of experts in medical, dental, nursing, public health, and osteopathic education would be appointed. These committees would furnish assistance in presenting to the Council facts and expert opinion in their respective fields. Hospital administrators would be represented on the technical committee for nurse education.

The Council would assist and advise the Surgeon General on all major matters arising in the administration of the program and the Surgeon General would be required to obtain its advice and recommendations before issuing regulations, approving accrediting bodies determining priorities for construction grants or the amounts of scholarships, and like matters of major policy. It would be within the function of the Council to initiate action as well as to make recommendations upon request of the Surgeon General, and the Surgeon General would be required to include in his annual report to the Administrator a record of consultations with the Council, its recommendations and his comments thereon.

These provisions establish a flexible and effective working relationship between the Council and the Surgeon General. The committee is convinced that the effectiveness of the program will be greatly increased by providing the responsible administrative officials with the assistance of a small, active expert group of advisers who will participate in the development of the program on a continuing basis.

A related problem to which the committee gave much thought was the character and composition of the body to which the study and survey functions should be entrusted. Some witnesses urged the advisability of conducting a survey with a broad field of inquiry, independently of the Council or of program operations. The majority were in favor of using the Council. Since any survey group established by this bill could appropriately be charged only with inquiring into questions necessarily involved in the development of a sound continuing program of Federal financial aid to education in the health professions, the committee accepted the recommendation of the representatives of the medical

⁴ This exception has been eliminated in S. 337, as herein reported.

educational institutions that the Council be made responsible for actively assisting in the organization and direction of the study and the formulation of the resulting recommendations to Congress. There could thus be made available all the services and facilities of the Public Health Service and the Federal Security Agency but the Council would have a major responsibility for reviewing and evaluating its operations. Here again the committee believes that it has arrived at a flexible and workable solution of the problem of obtaining the participation of independent objective experts without undue sacrifice of administrative responsibility and efficiency.

Present needs

Since the Congress last considered this measure a world crisis has arisen and we are in a national emergency. Prior to our participation in the United Nations' action in Korea there was already a serious deficiency in manpower in the health professions. Now we are confronted with immediate military requirements for physicians, dentists, and nurses far in excess of that anticipated less than a year ago.

As of the middle of 1950 there were about 180,000 physicians, 80,000 dentists, and some 322,000 registered nurses in active practice. There were at that time about 6,200 physicians, about 1,600 dentists, and over 6,500 nurses in military service. The Armed Forces have announced that by the end of the current fiscal year they will need 17,500 physicians, or an additional 11,300 physicians to service a 3.5-million armed force strength. Obviously, the withdrawal of 11,000 physicians from civilian life will mean that millions of people will lose their doctors and have to seek service from others already overburdened by their current patient load. For a military strength of this size it may be anticipated that the Armed Forces also will need by the end of the fiscal year approximately 7,000 dentists and approximately 21,000 nurses.

The volume of medical services required by the civilian population will not be reduced materially by the induction of additional men into the Armed Forces. The young men who will be inducted for the Armed Forces in the immediate period ahead are among the healthiest of our population and thus do not as civilians make extensive use of our medical resources. Thus there will be no corresponding decrease in health profession personnel required to staff our hospitals and to provide other essential services for our civilian population. On the contrary, civilian needs are augmented by the defense effort. This is readily apparent in the situation confronting the Veterans' Administration. On the one hand, that agency finds that more than 50 percent of its physicians are in the Reserve and subject to call by the armed services. On the other hand, and at the same time, the Veterans' Administration already has two complete hospitals constructed, supplied, and equipped to meet existing needs of war-wounded veterans, but which hospitals cannot be opened because the agency cannot get the necessary medical staff. Moreover, preparation for civilian defense and strengthening of local public health units throughout the Nation will call for increased manpower in the health professions. Centers of defense production, cantonment areas, agricultural areas using migrant labor, and areas designated to be of critical importance from the standpoint of civil defense authorities will require added health services. Additional health manpower will be needed to gain a marked expansion of our labor force by utilization of persons not now working because of age, disability, and family

responsibilities. Our international health activities will require increasing numbers of personnel trained in the health professions. These and other augmented requirements by the end of the current fiscal year may be further increased if our Armed Forces and military production are stepped up. Thus, the shortages in professional health manpower, which were considered grave by your committee in 1949, have become more acute and immediate.

While freshmen enrollments in approved medical and dental schools reached record levels in the past 2 years, this growth will not be sufficient to meet the added military and civilian requirements arising out of the military effort; nor will it be adequate to reduce the shortages and inadequacies for civilian services found to exist by this committee in its report on S. 1453 of the Eighty-first Congress.

Enrollments in schools of nursing in 1949-50 were at a peacetime peak, but they were below World War II levels. They must be raised so that nursing school graduates approach the World War II level.

Since this committee made its report on S. 1453 to the Senate, the results of an extensive survey of medical school finances have become available. This survey related to the financial operation of medical schools in the fiscal year 1947-48. Average instructional expenses per student in 4-year medical schools were found to be \$2,285, an amount substantially the same as the \$2,200 estimate per student cited by the committee in its report on S. 1453.

Nearly all the medical schools surveyed by the Committee on Medical School Grants and Finances appointed by the Surgeon General of the Public Health Service, including the well-established and presumably well-financed schools, reported that in the aggregate they needed additional operating funds totaling \$40,000,000 a year to meet existing functions adequately. The deans of the medical schools in this survey estimated the increase in freshmen enrollment which could result if plans for expansion reported to be under consideration in 1948-49 could be carried through; these increases aggregated 1,400 to 1,475 freshmen students in the 55 schools reporting plans for increased enrollment. However, the deans who reported planned increases estimated that these increases would require an expenditure of about \$244,000,000 for construction and an additional \$18,000,000 for operational funds.

Since the period covered by the survey on medical school grants and finances, the costs of medical education have risen substantially. The American Medical Association in its report, *Medical Education in the United States and Canada*, indicated that the budgets of medical schools in the United States for the academic year 1950-51, after making appropriate corrections for changes in number of schools and methods of budgetary reporting, were 42.4 percent above budgets for 1947-48. Comparable cost increases have occurred in other fields of professional health education.

To summarize the need for action, we would note that even before the outbreak of Soviet-inspired hostilities in the Far East, the Senate's Committee on Labor and Public Welfare, on the basis of its own independent and thorough study of this situation, had come to the unanimous conclusion that legislation along the lines of S. 337 was necessary even if our only concern was to maintain the number and the quality of individuals being trained in the health professions. Subsequently, the President of the United States, having pointed

out that "this Eighty-second Congress faces as grave a task as any Congress in the history of our Republic," told us that in his opinion 1 of the 10 subjects on which legislation was imperatively needed to further the Nation's mobilization job concerned "* * * means for increasing the supply of doctors, nurses, and other trained medical personnel critically needed for the defense effort." Now, having again reviewed the situation, your committee, whose members represent every section of the country, as well as both political parties, and which is fully aware of its grave responsibilities, is unanimous in reporting its belief that, in view of the current situation and in consequence of the intensified manpower problem in the health professions and of the increased costs of training, prompt and favorable action on this measure is essential.

II. SUMMARY OF BASIC PROVISIONS OF BILL

In summary, S. 337, as reported, would—

First, authorize a program of Federal grants to approved educational institutions in the fields of medicine, osteopathy, dentistry (including dental hygiene), nursing, and public health (including hospital administration) to assist in meeting costs of instruction, to provide means and incentive for increasing enrollments, and to aid in the improvement and expansion of existing facilities and in the establishment of new schools; and

Second, authorize a program of scholarships to be awarded to qualified students, selected on the basis of ability and financial need, in fields in which there are not enough qualified applicants to fill enrollment capacity in accredited schools; and

Third, authorize a program of Federal grants to States for assistance in the development of programs for practical-nurse training under approved State plans administered by State boards for vocational education.

The annual appropriations required for grants to educational institutions for instruction costs would depend on the volume of enrollment and enrollment increases in the various schools. The amounts appropriated for construction grants and scholarships would be determined by Congress each year on the basis of estimates of proven need, but in the case of construction could not exceed \$10,000,000 for any fiscal year. An annual appropriation of \$2,500,000 is authorized for grant purposes for the State-Federal practical-nurse training program.

Except for the State-Federal program for practical-nurse training, which would be administered by the Commissioner of Education, administrative responsibility at the Federal level would be assigned to the Surgeon General of the Public Health Service, who would have the assistance of a National Council on Education for Health Professions, appointed by the President, with which he would be required to consult on the establishment of regulations and all other major questions and whose recommendations he would be required to report to the Congress.

It is specifically provided that the bill shall not be construed as authorizing any Federal control over the curriculum or administration of any school, or the admission of applicants thereto, or the exercise of any influence upon a scholarship holder's choice of a course of training or study, or of the educational institution he will attend.

III. ANALYSIS OF THE BILL WITH EXPLANATION OF CHANGES

For purposes of clarity the bill as reported by your committee strikes out all after the enacting clause of the original bill and substitutes new matter. Detailed explanation of particular amendments is made in connection with the discussion of the individual sections to which the amendment relates. Major changes from the bill passed by the Senate in the last Congress (S. 1453) are also indicated.

Purposes

Section 2 of the bill would amend title III of the Public Health Service Act (42 U. S. C., ch. 6A, subch. II) by the addition of a new part H, to be entitled "Assistance for the Education of Professional and Other Health Personnel." Thus, the general provisions of that act, such as the definition of "State" in section 2 (f) (including Alaska, District of Columbia, Hawaii, Puerto Rico, and the Virgin Islands), and the general administrative provisions in title II, would be applicable to operations under the new part H.

The objectives of this part are stated in the new section 371 of the Public Health Service Act. These are: (1) To assist and encourage the training of adequate numbers of persons in the medical, nursing, dental, dental hygiene, hospital administration, and public health professions by (a) payments to schools to assist in meeting the costs of instruction, and (b) grants for the construction and equipment of new schools and the improvement and expansion of present facilities; and (2) to assist in the alleviation of personnel shortages by (a) providing scholarships, to be awarded to qualified students undertaking training in these fields, and (b) by providing for the recruitment of students for the nurse training for which aid is authorized.

The program of Federal assistance proposed is intended, not as a substitute for the financial and other responsibilities of the States, the local communities, and of the educational institutions themselves, but as a supplemental source of income made available in recognition of the important public service performed by such institutions and in order to remove in part the financial obstacles to their greater public usefulness. The committee believes that with financial assistance of the kinds and in the amounts proposed, the schools will develop educational and training programs of the size and scope needed to meet regional and national requirements, both for trained personnel and for educational and training opportunities for qualified students.

Payments to schools for costs of instruction

To assist in meeting the costs of instruction, section 372 would authorize the payment to the schools of a specified annual sum per student, with an additional sum per student for the number of students representing an over-all increase over average enrollment during the three fiscal years 1949-51, to approved public or nonprofit institutions offering courses leading to a degree in medicine, osteopathy, or dentistry, to a graduate degree in public health (including a degree in hospital administration), to a degree or diploma in dental hygiene or nursing, or to a certificate or diploma as a practical nurse.

Hospital administration is offered by schools of public health. Its specific mention in the public-health category is for purposes of emphasis alone.

Since the program established by the bill is a temporary one, section 372 (a) authorizes appropriations only for the remainder of this fiscal year and for the five succeeding fiscal years.

Subsection (b) of section 372 sets forth the amounts per student to be paid to each school for each of the fiscal years. For each year the amounts would be:

School	Annual Federal grant per student	
	Basic amount	Additional incentive amount
Medicine, osteopathy.....	\$500	\$500
Dentistry.....	400	400
Dental hygiene.....	150	150
Nursing:		
Degree school (basic training).....	200	200
Degree school (advanced training).....	400	400
Diploma school.....	150	100
Practical nursing.....	100	50
Public health.....	1,000	1,000

As originally introduced (and as provided by S. 1453), S. 337 would have provided for payments to university or college-controlled schools of nursing which provided advanced training for a post-baccalaureate degree at the same rate as to a university or college-controlled school providing basic training for a baccalaureate or higher degree. As amended by the committee, the rate of payment for advanced training leading to a post-baccalaureate degree has been raised to \$400 for the basic amount, with an additional incentive amount of \$400 for each student enrolled in excess of average past enrollment, thus recognizing the higher costs of advanced training.

Section 372 (c) establishes the method for determining the number of students with respect to whom the additional incentive payments would be made. As indicated above, these payments would be made with respect to the number of students by which the school's enrollment exceeded its average past enrollment. The number of students to be counted as "in excess of average past enrollment" would be computed on a class-by-class basis, but for each class beyond the first-year class the number of students so counted would be limited to the number so counted in the preceding year in the next lower class, and the number which could be counted in the first-year class would be limited to 30 percent of the average past enrollment in that class. The intention is to encourage schools offering training in the health professions to expand their personnel and facilities so as to educate more workers in those fields; once the enrollment had been increased and counted as new enrollment, the increment would be carried through the remaining years of training on that basis. In the fields of dental hygiene and practical nurse training, which are short courses, payments for costs of instruction are limited to the first 2 years of training and the first year of training, respectively.

Thus, for example, in the fiscal year 1952, payment of the additional incentive amount would be made on account of students in the first-year class who represented an increase over average first-year enrollment in the base period 1949-51. Beginning in fiscal 1953 payment would also be made for the second-year students in excess

of average second-year enrollment during the base period but not in excess of the number of students counted in the preceding year as excess first-year enrollment. In fiscal year 1953 payment would be made for third-year enrollment, as well as for the first- and second-year classes, computed as excess over average past third-year enrollment but not exceeding the number of students counted as excess second-year enrollment the year before.

Average past enrollment would be computed on the basis of average enrollment in each class during the three fiscal years 1949-51, except that any year during which a school did not provide a given-year class of training would be excluded in calculating its average past enrollment for that class. In the case of new schools starting after fiscal year 1951, enrollment in each year class would be considered new enrollment and payments for all students in that class would be made at the higher rate. Similarly, 2-year schools which became 4-year schools during this period would be treated as if their third- and fourth-year classes represented increased enrollment.

For all types of schools, payments would be made only on account of full-time students regularly enrolled for the first semester or other school term commencing after the beginning of the fiscal year, for the period of training customarily provided in the fiscal year. Most institutions offering training in the health professions customarily operate on an academic year of approximately 9 months. Some professional schools operate on a four-quarter basis and so offer a longer period of instruction in the fiscal year than is customary. To take care of situations of this sort, where an approved school offers periods of equivalent training greater or less than or different from that customarily provided by schools of the same class, there is specific authorization to include in the regulations provision for determining the school's enrollment for any fiscal year in such manner as to take into account the different rate at which or period during which its students are trained. Payments would not be made on account of students doing postgraduate work in medical, osteopathic, and dental schools.

Total payments under this section to any school (exclusive of payments used for scholarship aid by schools of nursing) for any fiscal year may not exceed 50 percent of its total costs of instruction for that year. The costs of instruction, for which these payments may be used, are defined in section 372 (a) as costs of establishing, maintaining, and enlarging staff and of maintaining and operating facilities, including the acquisition of equipment. Costs of hospital operation, costs of research projects, and costs of special-training projects outside the regular curriculum and financed by specific public or private grants are to be excluded in computing a school's total costs of instruction for the purpose of determining the 50-percent maximum, although the payments made might be available for use by the school for such purposes if they fall within the definition of costs of instruction in section 372 (a).

S. 1453 (the predecessor bill in the 81st Cong.) provided for a 40-percent maximum for total payments under section 372 to any one school. S. 337, as introduced, provided for a 50-percent ceiling on instructional grants. The committee has retained the higher ceiling. In the year and a half since this measure was last considered, costs have increased while school income has remained comparatively stable.

Another amendment would authorize the Surgeon General to permit all types of nursing schools to use part of the payments under section 372 for scholarship aid for students. The bill as introduced (and S. 1453) limited the use of costs of instruction payments for scholarship aid to diploma schools and schools of practical nursing.

Section 372 (e) specifies the conditions of eligibility for the various types of schools, including departments and similar administrative units within educational institutions and hospitals with nurse-training programs. This subsection was revised to provide for alternative methods of approval for participation in the program in the case of diploma schools of nursing and private schools of practical nursing. Under the original section 372 (e) any public or nonprofit private school would have been eligible to receive payments if it had been approved or accredited by a recognized accrediting body or bodies approved for the purpose by the Surgeon General after obtaining the advice and recommendations of the National Council on Education for Health Professions. These provisions have been retained for all schools except diploma schools of nursing and schools of practical nursing. Thus, except for these schools, the major responsibility for the control of quality will continue in the recognized accrediting bodies.

Alternative approval procedures have been provided for the diploma schools of nursing and the schools of practical nursing because the professional accreditation program in the field of nurse training is still in the developmental stage. The present provision, therefore, is that a diploma school of nursing will be eligible to receive payments (1) if it is approved by a State agency authorized to approve diploma schools of nursing, or (2) if, in a State which has no such agency, it is designated by the appropriate State agency as a school whose graduates are eligible to take the examination for licensure to practice as a registered nurse or for registration as a nurse; and a school of practical nursing will be eligible to receive payments (1) if it is approved by a State agency authorized to approve schools of practical nursing, (2) if, in a State where there is no such agency, it is designated by the appropriate State agency as a school whose graduates are eligible for licensure as a practical nurse or eligible to take the examination for licensure as a practical nurse, or (3) if, in a State having neither of these State agencies, it is approved or accredited by a recognized body approved by the Surgeon General after he has obtained the advice and recommendation of the Council.

The new section 374 (a) of the Public Health Service Act also conditions payments upon the filing of an application containing adequate assurances that the school will continue to provide reasonable opportunities for the admission of out-of-State students, will submit reports reasonably required by the Surgeon General to carry out his functions under the new provisions, and will make every reasonable effort to maintain its income for operating expenses from non-Federal sources.

Grants for construction and equipment

Section 373 would authorize grants for construction and equipment representing up to 50 percent of the total costs of approved projects for the establishment of new schools or improvement or expansion of existing facilities. Since the program established by the bill is of emergency character, appropriations are authorized only for this fiscal year and the next five fiscal years, but with amounts appropriated being available for the year in which appropriated and the next 2

years in order to allow for completion of the projects for which grants are made from such amounts.

As reported, section 373 (a) would authorize annual appropriations of \$10,000,000 for construction. The annual sum proposed in S. 1453 was \$5,000,000, and S. 337 as introduced would have authorized an annual appropriation of \$25,000,000 for construction grants. The committee recognized that the original authorization was inadequate (as indeed did the earlier report on S. 1453) but felt considerable misgiving about authorizing the larger amount. The question of construction grants must be viewed in the light of all prospective essential uses for critical building materials and in the light of the comparative time required to obtain additional training capacity by completely new construction or by expansion of existing facilities. It is further understood by the committee that not all the facts needed for the development of a comprehensive and sound program of construction are immediately available. Accordingly, your committee felt that the surveys and studies to be undertaken by the National Council on Education for the Health Professions (as provided in sec. 3) should be completed before any policy of large grants for construction is established.

Grants for construction would be approved in the order of their estimated value or importance for the alleviation of personnel shortages, but priority in the making of these grants for construction would have to be given to areas which lack facilities completely or have only inadequate facilities. If the project is for construction or expansion of a teaching hospital, it would also have to be either approved under title VI of the Public Health Service Act (the Hospital Survey and Construction Act) or approvable under that title except for priority requirements or the absence of available funds under the State's allotment. Payments for teaching hospitals would be made from funds appropriated for the purposes of this section and not from funds appropriated for purposes of title VI, although they would be made in the amounts and in accordance with the conditions and procedures (including the recapture provisions) established for title VI projects.

Under section 374 (b) grants would be made only upon the filing of an application containing adequate assurances that the school would for 10 years following completion of the construction project (1) be operated as a public or nonprofit institution, (2) be approved, accredited, or designated as required for the receipt of payments pursuant to section 372, and (3) provide reasonable opportunity for the admission of out-of-State students.

Payments to schools; withholding or recapture of payments

Subsection (a) of the new section 375 of the Public Health Service Act, as added by the bill, provides for payment by the Secretary of the Treasury to the schools of amounts certified by the Surgeon General for their costs of instruction or for construction projects.

Whenever, after reasonable notice and opportunity for hearing, the Surgeon General finds that a school has failed to carry out any of the required assurances or to comply with regulations, he is directed (by sec. 375 (b)) to notify the school and to withhold further payments until he is satisfied that there is no longer any such failure. If, in the case of a grant for construction (other than for a project which constitutes a "hospital"), there is a failure within 10 years of completion of the project to carry out the required assurances, the United States

is to be entitled (under sec. 375 (c)) to recover from the owners the same percentage of the then value of the facility as the percentage of the total cost for which grants were made under the bill's provisions. The then value of the facility would be determined by agreement of the parties or by suit in a district court of the United States.

Scholarships

The new section 376 of the Public Health Service Act, as added by the bill, authorizes appropriations for scholarships in the fields of medicine, osteopathy, dentistry, dental hygiene, nursing, and public health. Again, since the program established by the bill is of an emergency nature, appropriations are authorized only for the current fiscal year and the eight succeeding fiscal years. While this is for a period of slightly in excess of 8 years instead of slightly in excess of 5, as is provided in the case of appropriations for grants to the schools for their costs of instruction and for construction, it has in effect the same duration since no scholarship may be awarded for any course of study or training to be begun after the school year which commences in the fall of 1955.

Section 377 of the Public Health Service Act, as added by the bill, provides that the Surgeon General, after obtaining the advice and recommendations of the Council and after considering the relative need for scholarships in each of the professional health fields, shall determine the portion of the appropriation for each fiscal year which shall be available for scholarships in any particular field of health education. It is provided, however, that scholarships will be awarded only in fields in which there are not enough qualified applicants to fill enrollment capacity in the approved or accredited schools. The bill as introduced (and S. 1453) would not have authorized scholarships for training at diploma schools of nursing or schools of practical nursing. This limitation has been removed from the bill as reported.

The new section 378 of the Public Health Service Act provides that the selection of appointees to the scholarships shall be made on the basis of ability and the extent to which financial assistance is necessary to enable qualified individuals to pursue the course of study or training for which the scholarships are awarded, and on the basis of such other factors as are appropriate to carry out the purposes of the new program. To the extent practicable, the selection of appointees for the scholarships is to be made in a manner which will tend to result in a wide distribution of appointees among the States.

Scholarships are to be awarded only upon certain conditions. Section 379 (a) of the Public Health Service Act, as added by the bill, provides that the appointee may hold his scholarship only so long as his work continues to be satisfactory, according to the regularly prescribed standards and practices of the educational institution which he is attending. Section 379 (b) prohibits the awarding of a scholarship to any individual for any period that he is receiving education and training under the GI bill of rights. The awarding of the scholarships is also conditioned upon acceptance of the appointees by accredited or approved schools providing the training for which the scholarships are awarded.

Scholarships awarded under the new provisions of the Public Health Service Act would include the cost of tuition and fees customarily charged by the school, the cost of books, uniforms, and equipment not customarily furnished without charge by the school, and such

amount for maintenance as may be determined by the Surgeon General, with the advice and recommendations of the Council, for each school; and the scholarship would be awarded for a period of time not in excess of that customarily required for completion of the standard course offered by the school (sec. 380). In addition to some differences of a technical nature, the bill as introduced (and S. 1453) did not authorize payment for the cost of uniforms. Since uniforms may be required of some of the scholarship holders it was thought desirable to make this change.

Special projects and recruitments for nursing

The new section 381 was not in the bill as introduced (nor was it in S. 1453). Its duration, like the duration of the program relating to grants to schools for the cost of instruction and for construction, would end with the fiscal year ending June 30, 1956. For each year during this temporary period, appropriations would be authorized to enable the Surgeon General to conduct, or make grants to appropriate tax-exempt public or nonprofit institutions or organizations for the conduct of, research, demonstrations, intensive courses, and workshops with respect to nursing services and nursing education.

During this same period, subsection (b) of the new section 381 would authorize the appropriation of funds necessary to enable the Surgeon General, with the advice of the Council, to recruit students for nurse training in sufficient numbers to carry out the purposes of the new legislation. In performing these functions the Surgeon General would be authorized to purchase, prepare, and exhibit motion pictures, to use television, newspapers, and other media of communication, and to take such other measures as he deems appropriate; and he could perform these functions either directly or through contracts with appropriate public or private agencies, organizations, or individuals. During World War II measures for the recruitment of students for nurse training were found necessary and of great value. In view of the present emergency and the great shortages of adequately trained personnel in the field of nursing, similar authority was thought desirable.

Regulations

The new section 382 of the Public Health Service Act provides that all regulations relating to payments to the professional health schools, and related to scholarships, may be made by the Surgeon General only after obtaining the advice and recommendations of the National Council on Education for Health Professions.

Limitations on Federal control

Section 383 specifically prohibits Federal interference with or control over the curriculum or administration of any school or the admission of applicants thereto, except in the few instances in which the bill carries specific requirements on this score, e. g., the provisions requiring reasonable opportunity for out-of-State students to gain admission. The Surgeon General is also precluded from exercising any influence over scholarship holders or applicants in their choice of educational institutions or of the courses of training they will undertake.

National Council on Education for Health Professions

Section 3 of the bill as reported would amend section 217 of the Public Health Service Act to add a new subsection (d) establishing a

National Council on Education for Health Professions which would assist and advise the Surgeon General in the administration of the program authorized by the new part H. Its advisory functions cover both the program for grants to educational institutions and the awarding of scholarships.

The Council would consist of the Surgeon General and the Commissioner of Education, as nonvoting ex officio members, and 10 members, not otherwise in the full-time employment of the Federal Government, to be appointed by the President. The 10 appointed members would be chosen from among persons who were leaders in the fields of health sciences, education or public affairs and three of them are required to be selected from persons active in the fields of professional health education. Since the program contemplated by the bill is of only temporary duration, they would be appointed for a 5-year period. The Council would elect its own chairman.

The bill also directs appointment, by the Surgeon General with the approval of the Administrator, of special technical advisory committees in each of the fields of medical, osteopathic, dental, nursing, and public health education to assist him in the discharge of his responsibilities. Each such committee would be required to consist of experts in the field concerned and the technical committee on nursing education would include at least one in the field of hospital administration. It is understood by the committee that, to be really representative, the technical committee on nursing education should include qualified individuals engaged in the practice of nursing, in the fields of public health nursing, nursing service, and nursing education, as well as representatives of university and hospital schools of nursing. The appointment of such other special committees as may be useful is also authorized.

Appointed members of the Council and of the technical and advisory committees would receive compensation at rates to be fixed by the Administrator, but not in excess of \$50 a day, and would be entitled to an allowance for travel and subsistence.

In addition to giving the Council general advisory and consultative functions, the new section 217 (d) of the Public Health Service Act requires the Council to transmit to the Congress, within 2 years after the date of enactment of the bill, its recommendations concerning the extent and nature of support of education of professional and other health personnel which the Federal Government should make available in order to provide the health personnel necessary to meet the health needs of the people. For this purpose the Council would be authorized to conduct surveys and studies, including those relating to the financial condition of the schools providing professional health education and their ability to maintain and expand student enrollment, and including studies relating to the extent to which equal opportunity is afforded all properly qualified students to obtain an education in the various health professions.

In performing its functions, the Council would be authorized to utilize the services and facilities of the Public Health Service and to procure available information and services from other Federal agencies. It would also be authorized to employ personnel itself and to contract with other agencies, organizations, and individuals for any services or supplies it found necessary.

IV. VOCATIONAL EDUCATION IN PRACTICAL NURSING

Section 4 of the bill would amend the Vocational Education Act of 1946 (60 Stat. 775) by the addition of a title II containing a separate vocational education program for practical-nurse training.

Purpose of new provisions and authorization of appropriations

An annual appropriation of \$2,500,000 and necessary amounts for administration are authorized under the new title II for the purpose of assuring more adequate funds for assisting the States in the training of practical nurses in the public school program of vocational education. This program would also be temporary, although it would continue until June 30, 1959, instead of ending in 1956. In general, the Federal grant money might be used to meet the same kinds of program costs as the appropriations for the Smith-Hughes and George-Barden Acts, and in addition would be available for travel expenses of students taking practical nurse training in a hospital outside the community in which the school is located, initial alterations of public buildings (not to exceed \$2,500 per training unit), for acquisition, repair, and maintenance of necessary equipment, for promotion of the program and recruitment of teachers and students, for costs of operating necessary buildings, and for payments to public or nonprofit hospitals for costs of supervised training experience afforded trainees in such hospitals.

For purposes of this program Alaska, Hawaii, Puerto Rico, the Virgin Islands, Guam, the Canal Zone, and the District of Columbia are included in the term "State," and "practical nurse" is defined as a person "trained to care for subacute, convalescent, and chronic patients under the direction of a licensed physician or under the supervision of a registered professional nurse, or to assist a registered professional nurse in the care of acute illness."

State plan requirements

In order to participate in this program the new section 202 (a) of the Vocational Education Act of 1946 would require a State to submit, through its State board for vocational education, and have approved by the Commissioner of Education of the Federal Security Agency, a State plan for practical-nurse training. To be approved a State plan would have to provide (1) that training would be given under public supervision or control; (2) that its purpose would be to fit individuals for useful employment as practical nurses; (3) that it would be of less than college grade and designed to fit the needs of persons over 17 (changed from 16 in the original bill and S. 1453 in order to assure more mature students) entering or entered upon the vocation of practical nursing; (4) that it would include practical training, instruction, and supervised experience as necessary to meet the minimum requirements of State licensing laws or, in States without licensing laws for practical nurses, adequate standards for such training and instruction established by the State board; (5) that teachers of practical nurse courses would have the minimum qualifications for teachers of such subjects determined by the State board with the approval of the Commissioner of Education; (6) that if in-service training is given for teachers, supervisors, and directors of practical-nurse training, such training shall be given under the auspices of the State board and only to persons having adequate

experience as a registered nurse (in the bill as introduced and in S. 1453 the availability of training for this purpose was required; this provision was changed in order to remove any implication that the States were to set up institutions for technical or preparatory training); (7) for duties and qualifications for teachers, teacher-trainers, supervisors, and directors and plans for the supervision and direction of practical-nurse training; (8) for an advisory council of not more than 10 or less than 6 persons, to include at least 2 registered nurses, a practical nurse if a graduate of an approved practical-nurse school is available (this was not in the bill as introduced or in S. 1453), a physician, an educator, a consumer representative (not in the introduced bill), and a hospital administrator; (9) that the State treasurer shall be custodian of funds paid to the State and shall make payments therefrom only on requisition by the State board to approved schools entitled to receive payments under the State plan; (10) evidence satisfactory to the Commissioner that compliance with the Federal requirements is authorized under State laws; (11) that the State will make the required annual reports to the Commissioner; and (12) that the State board has the authority necessary to carry out the State plan and cooperate with the Commissioner in the administration of the program authorized in title II.

Allotments and payments to States

Section 204 (a) establishes the method of allotting the Federal funds among the States. This subsection was amended by the committee to assure greater flexibility and efficient and effective use of the Federal funds, and also to assure each State an opportunity to obtain a minimum allotment of \$10,000 while, at the same time, preventing the lapsing of Federal funds in the case of States which are unable to use this minimum allotment. From the funds appropriated to carry out the provisions of the new title II of the Vocational Education Act of 1946, a minimum allotment of \$10,000 would be made to each State and the remainder of the appropriation would be allotted by the Commissioner of Education, in accordance with regulations approved by the Administrator, among such of the States having plans approved prior to the beginning of the fiscal year, and in such amounts as the Commissioner determined would most efficiently and effectively carry out the purposes of the title. The minimum allotments for a fiscal year to States which did not, after the expiration of 6 months, have approved plans would be reallocated among the remaining States in the manner provided above for allotment of the funds in excess of the amount required for the minimum allotments.

Subsection (b) of the new section 204 sets forth the method of making payments to each State from its allotments. The bill as introduced did not require the States to match the funds received under this title. As reported, however, the bill would require each State, after an initial 3-year period to enable the State to get the program started, to match the Federal funds with expenditures from State and local sources made in accordance with the State plan, the amount of the matching funds being gradually increased to the same level as that required under the existing provisions of the Vocational Education Act of 1946. Thus, for the fiscal year ending June 30, 1955, 60 cents from State and local sources would be required for each \$1 of Federal funds; and for the fiscal years ending June 30, 1956, 1957,

1958, and 1959, the amount of the funds from State and local sources would be, respectively, 70 cents, 80 cents, 90 cents, and \$1.

Section 204 (c) would prohibit the payment of any funds under the title to any State unless the State had made adequate provision for the supervision of practical-nurse training by a registered nurse.

Withholding and recapture of funds

These provisions (sec. 209) are substantially the same as for the present vocational education programs carried on with the aid of Federal appropriations under the Smith-Hughes and George-Barden Acts. When the Commissioner determines that moneys are not being expended in accordance with the provisions of the new title II he may withhold allotments or payment of any moneys. When money paid to the State has not been expended or has been expended contrary to the provisions of title II, the Commissioner would be required to withhold an equal amount from a subsequent payment and the State would be responsible for the amount of the payment made plus the amount so withheld. Moneys lost or otherwise diverted from the program by the State are required to be replaced; and the use of Federal funds for construction or repair (except for minor alterations specifically authorized) or for payment to private schools or institutions (except for affording opportunity to practical nurse trainees to obtain supervised experience in hospitals) is forbidden.

Administration, reports, and advisory committees.

The program would be administered by the Commissioner of Education under the supervision and direction of the Federal Security Administrator. The Commissioner is directed to make studies, investigations, and reports to aid the States in their training programs and annual reports are required to be made to the Administrator for inclusion in his annual report to the Congress, which would show the distribution of Federal funds, the activities of the States, and the number of persons trained. The Commissioner would be authorized, with the approval of the Administrator, to appoint advisory committees.

V. CHANGES IN EXISTING LAW

Since most of the provisions of the bill as reported would merely add new provisions to title III of the Public Health Service Act or to the Vocational Education Act of 1946, rather than make changes in existing provisions, there is no need for compliance in the case of the new provisions with subsection (4) of rule XXIX of the Standing Rules of the Senate. However, the bill would make certain technical changes in existing provisions of the Vocational Education Act. These changes are shown as follows (existing law proposed to be omitted is enclosed in black brackets, new matter is printed in italics, existing law in which no change is proposed is shown in roman):

VOCATIONAL EDUCATION ACT OF 1946

TITLE I—VOCATIONAL EDUCATION IN AGRICULTURE, HOME ECONOMICS, TRADES AND INDUSTRY, AND DISTRIBUTIVE OCCUPATIONS

SHORT TITLE

SECTION 1. This [Act] title may be cited as the "Vocational Education Act of 1946."

DEFINITIONS

SEC. 2. As used in this [Act] *title*—

(1) the term "States and Territories" means the several States, the Territories of Alaska and Hawaii, the island of Puerto Rico, and the District of Columbia;

(2) the terms "State plan" and "State board" shall have the meaning which said terms have in the Smith-Hughes Vocational Education Act; and

(3) the term "Smith-Hughes Vocational Education Act" means the Act approved February 23, 1917 (39 Stat. 929, ch. 114).

AUTHORIZATION FOR APPROPRIATIONS FOR VOCATIONAL EDUCATION

SEC. 3. (a) For the purpose of assisting the several States and Territories in the further development of vocational education, there is authorized to be appropriated for the fiscal year beginning July 1, 1946, and annually thereafter—

(1) \$10,000,000 for vocational education in agriculture, including supervision by the vocational agriculture teachers of the activities, related to vocational education in agriculture, of the Future Farmers of America and the New Farmers of America, to be apportioned for expenditures in the several States and Territories in the proportion that their farm population bears to the total farm population of the States and Territories, according to the last preceding United States census;

(2) \$8,000,000 for vocational education in home economics, to be apportioned for expenditure in the several States and Territories in the proportion that their rural population bears to the total rural population of the States and Territories, according to the last preceding United States census;

(3) \$8,000,000 for vocational education in trades and industry, to be apportioned for expenditure in the several States and Territories in the proportion that their nonfarm population bears to the total nonfarm population of the States and Territories, according to the last preceding United States census;

(4) \$2,500,000 for vocational education in distributive occupations, to be apportioned for expenditure in the several States and Territories in the proportion that their total population bears to the total population of the States and Territories, according to the last preceding United States census;

(b) The funds appropriated under authority of paragraphs (1) to (4), inclusive, of subsection (a) of this section may be used for assisting the several States and Territories, for the purposes therein specified, in the maintenance of adequate programs of administration, supervision, and teacher-training; for salaries and necessary travel expenses of teachers, teacher-trainers, vocational counselors, supervisors and directors of vocational education and vocational guidance; for securing necessary educational information and data as a basis for the proper development of programs of vocational education and vocational guidance; for training and work-experience training programs for out-of-school youths; for training programs for apprentices; for purchase or rent of equipment and supplies for vocational instruction: *Provided*, That all expenditures for the purposes as set forth in this section shall be made in accordance with the State plan for vocational education.

(c) Notwithstanding the provisions of subsection (a), the amount to be available for expenditure in any State or Territory shall be not less, for any fiscal year, than \$40,000 each for vocational education in agriculture, in home economics, and in trades and industry; \$15,000 for vocational education in distributive occupations, and there is hereby authorized to be appropriated for the fiscal year beginning July 1, 1946, and annually thereafter, such additional sums as may be needed for the purpose of providing such minimum amounts.

REQUIREMENTS AS TO MATCHING OF FUNDS

SEC. 4. The several States and Territories, in order to receive the benefits of this [Act] *title*, shall be required to match by State and local funds or both 100 per centum of the appropriations made under authority of section 3.

MAKING OF PAYMENTS

SEC. 5. The Secretary of the Treasury, through the Fiscal Service of the Treasury Department, shall, upon the certification of the United States Commissioner of Education, pay, in equal semiannual payments, on the first day of July and January of each year, to the custodian for vocational education of each

State and Territory designated in the Smith-Hughes Vocational Education Act, the moneys to which the State or Territory is entitled under the provisions of this [Act] title.

AVAILABILITY OF FUNDS FOR SALARY AND EXPENSES OF STATE DIRECTORS

SEC. 6. Funds appropriated under authority of section 3 shall be available, on a prorated basis determined by the State board, for the salary and necessary travel expenses of a State director of vocational education selected by the State board, in accordance with the requirements of the State plan, on the basis of his technical and professional qualifications, including experience in vocational education.

APPLICABILITY OF SMITH-HUGHES VOCATIONAL EDUCATION ACT

SEC. 7. The appropriations made under authority of this [Act] title shall be in addition to, and shall be subject to the same conditions and limitations as, the appropriations made to carry out the Smith-Hughes Vocational Education Act; except that (1) the appropriations made under authority of this [Act] title for home economics shall be subject to the conditions and limitations applicable to the appropriation for agricultural purposes under the Smith-Hughes Vocational Education Act, with the exception of that part of section 10 thereof which requires directed or supervised practice for at least six months per year; (2) such moneys as are provided under authority of this [Act] title for trade and industrial subjects, and public and other service occupations, may be expended for part-time classes operated for less than one hundred and forty-four hours per year; (3) the provisions of section 11 of the Smith-Hughes Vocational Education Act, requiring at least one-third of the sum appropriated to any State to be expended for part-time schools or classes shall be held to include any part-time day-school classes for workers sixteen years of age and over, and evening-school classes for workers sixteen years of age and over; (4) the appropriations made by this [Act] title for distributive occupational subjects shall be limited to part-time and evening schools as provided in the Smith-Hughes Vocational Education Act, for trade, home economics, and industrial subjects and is qualified by the provisions of this section; (5) preemployment schools and classes organized for persons over eighteen years of age or who have left the full-time school may be operated for less than nine months per year and less than thirty hours per week and without the requirement that a minimum of 50 per centum of the time must be given to shop work on a useful or productive basis; and (6) the appropriations available under section 9 of this [Act] title shall be available for expenses of attendance at meetings of educational associations and other organizations and for expenses of conferees called to meet in the District of Columbia or elsewhere, which, in the opinion of the Commissioner, are necessary for the efficient discharge of the provisions of this [Act] title.

RESTRICTIONS AND CONDITIONS

SEC. 8. (a) No part of the appropriations made under authority of this [Act] title shall be expended in industrial-plant training programs, except such industrial-plant training be bona fide vocational training, and not a device to utilize the services of vocational trainees for private profit.

(b) After June 30, 1951, not more than 10 per centum of the amount appropriated for each of the purposes specified in section 3 (a) shall be used for the purchase or acquisition of equipment.

APPROPRIATIONS FOR OFFICE OF EDUCATION

SEC. 9. For the purpose of carrying out the provisions of this [Act] title there is hereby authorized to be appropriated to the Office of Education, Federal Security Agency, for vocational education, for the fiscal year beginning July 1, 1937, and annually thereafter the sum of \$350,000, to be expended for the same purposes and in the same manner as provided in section 7 of the Smith-Hughes Vocational Education Act, as amended October 6, 1917.